Hope and Friendship for Development Organization (HOPE)

Sudan -Port-Sudan

Procurement Department

منظمة الأمل والصداقة للتنمية

(هوب)

السودان – بورتسودان

Date: 03 / Sep /2026 **HOPE Tender 2026 /018**

Tender for Provision of Essential and Life Saving Drugs for the mobile clinics– Central Darfur State / Golo

Dear Sirs,.....

HOPE Organization invites qualified suppliers to submit **financial quotations for the supply of medicines** in **Central Darfur State**, with delivery to be made at the organization's office located at:
Central Jebel Marra Locality / Golo Town – South Market.

Tender Conditions and Requirements

1. **Regulatory Compliance and Product Authorization**
   - All pharmaceutical products and medicines must comply with applicable Sudanese pharmaceutical regulations and the requirements of the relevant health authorities, including the Ministry of Health.
   - All medicines supplied must be appropriately registered, approved, and authorized for use by the relevant authorities.
2. **Supplier Eligibility and Experience**
   - Preference will be given to suppliers with proven previous experience in supplying medicines and pharmaceutical products to humanitarian organizations, international organizations, or similar institutions.
   - Medicines must be sourced from licensed pharmaceutical manufacturers or authorized suppliers.
3. **Financial Quotation**
   - Suppliers must submit a valid, signed, and officially stamped financial quotation or invoice.
   - The quotation must clearly specify the price and relevant details for each item offered.
4. **Product Specifications and Packaging**
   - All medicines must be supplied in their original manufacturer's packaging.
   - Each product must have clearly identifiable information, including:
     - Product name;
     - Strength and dosage form;
     - Batch or lot number;
     - Manufacturing date;
     - Expiry date;

- Storage conditions; and
- Manufacturer's information.

- The expiry date of each item must be clearly stated in the submitted quotation and on the product packaging.

5. Shelf Life Requirements

- All medicines must have adequate remaining shelf life at the time of delivery.
- The minimum remaining shelf life shall be One (1) years from the date of receipt, unless otherwise specified or agreed by the Organization for specific products with a shorter manufacturer-approved shelf life.

6. Cold Chain and Storage Requirements

- The supplier must have appropriate storage facilities and warehouses, including an effective cold chain system for temperature-sensitive medicines and pharmaceutical products.
- All products must be stored, transported, and delivered under appropriate conditions in accordance with the manufacturer's recommended storage requirements.

7. Transportation and Delivery

- The supplier shall ensure the safe, secure, and appropriate transportation of all medicines to the location specified by the Organization.
- Temperature-sensitive products must be transported using appropriate temperature-controlled arrangements.
- Where applicable, temperature monitoring records must be provided upon delivery.
- The supplier shall be fully responsible for delivery to the specified location.

8. Delivery Period

- The complete supply of all required medicines must be completed within a maximum period of 15 days from the date of official notification and contract signing, unless otherwise agreed in writing by the Organization.

9. Quality Assurance and Supporting Documentation

- The supplier shall provide all relevant quality and regulatory documentation, including product registration certificates, quality certificates, or other applicable documentation upon request.
- Products with damaged packaging, missing or illegible labels, expired products, inadequate remaining shelf life, evidence of deterioration, or any discrepancy from the approved specifications shall not be accepted.

10.Inspection and Final Acceptance

- Final acceptance of all pharmaceutical products shall be subject to physical inspection and verification by the Organization's designated medical focal person.
- Products shall be inspected against the approved Purchase Order, technical specifications, and delivery documentation.
- The Organization reserves the right to reject any products that do not comply with the required specifications or quality standards.

11.Payment Terms

- Payment shall be made on a supply basis.
- One hundred percent (100%) of the payment shall be made after the complete delivery, inspection, and acceptance of the required items.

12.Right of Selection

- The Organization reserves the right to select the most suitable offer that fully complies with the required technical specifications, quality standards, and delivery requirements. The Organization shall not be bound to accept the lowest-priced or the highest-priced offer.

Required Documents

- Attach all **official government documents**.
- Provide valid **company registration documents**.
- Submit all required **medical registrations and approvals**.
- Submit valid registrations from the **Pharmacy and Poisons authorities**.
- Attach all documents that **prove the bidder's eligibility and capacity** to carry out the work.
- **Quotations that do not include company registration and medical/pharmaceutical registration documents will not be considered.**

Deadline for Submission:
Quotations must be submitted no later than **17 September 2026 at 2:00 PM** to the **HOPE Organization** office at the above-mentioned address or via the email address mentioned above.

Submission of Quotations:
Quotations can be submitted to our office in **Golo, Central Darfur**.
Contact numbers **0023569272004 __ 0120023562**
Alternatively, quotations can be submitted in **PDF format via email** to:
hopesudan.kh@gmail.com.
For further inquiries, please contact the **Procurement Department**
Contact numbers **: 0120023522**

HOPE - Procurement Department
Date التاريخ

Eng: Muosab Khaled
Senior procurement & operation officer

BOQ Provision of Essential and Life Saving Drugs for the mobile clinics– Central Darfur State / Golo
HOPE TENDER 2026 /018

No	Description	Unit	Quantity	Unit Cost	Total SDG
1	Acetyl Salicylic Acid 75 mg	Strip	500		
2	Amoxicillin 500 mg Caps	Strip	1,000		
3	Amoxicillin 250 mg Caps.or Tablet	Strip	1,000		
4	Artemether 80mg+Lumifantrine 480mg 6Tablet \strip	Strip	1,000		
5	Azithromycin 250 mg Strip/6 Tabs	Strip	1,000		
6	Azithromycin 500 mg Strip/3 Tabs	Strip	1,000		
7	Cefixime 400 mg Tabls.Strip/6 Tabs	Strip	1,000		
8	Ciprofloxacine 500 mg Tabs	Strip	1,000		
9	Co-trimoxazole 480 mgTabs	Strip	700		
10	Diclofenac Sodium 50 mg Tabs	Strip	700		
11	Diclofenac Potasium 50 mg Tabs	Strip	700		
12	Folic Acid 5 mgTabs	Strip	2,000		
13	Folic Acid + Ferrous Sulphate { Fefol Caps} Tablet	Strip	1,000		
14	Ibuprofen 200 mg Tablet	Strip	1,000		
15	Ibuprofen 400 mg Tablet	Strip	1,000		
16	Metronidazole 250 mg Tablet	Strip	1,000		
17	Metronidazole 500 mg Tablet	Strip	1,000		
18	Oral Rehydration salt { ORS} 25 g	Sachet	2,000		
19	Paracetamol 500 mg Tablet	Strip	1,000		
20	Suspention Amoxicilline 125mg\5ml	Bottle	1,000		
21	Expectorant Sy for adult Anti-Cough	Bottle	1,000		
22	Anti-Cough Expectorant Sy for pediatric	Bottle	1,000		
23	Cefixime 100 mg/5ml Sy	Bottle	1,000		
24	Chlorpheniramine 2mg/5ml Sy	Bottle	1,000		
25	Erythromycin 250 mg / 5ml Suspension	Bottle	1,000		
26	Metronidazole 200 mg Sy	Bottle	1,000		
27	Zinc syrup	Bottle	1,000		
28	Multivitamin syrup	Bottle	1,000		
29	Paracetamol 120 mg Sy	Bottle	1,000		
30	Sanitizer bottle 500ml	Bottle	6		
31	Portable Foldable Privacy Screen	PCS	1		
32	Couch	PCS	2		

33	Stethoscope Littman	PCS	1		
34	Sphygmomanometer	PCS	1		
35	Thermometer	PCS	1		
36	Glucometer	PCS	1		
37	Glucometer strips	Bottle	7		
38	HCG rapid test	Box	7		
39	Malaria rapid test	Box	10		
40	Hemoglobin rapid test	PCS	10		
41	Topical antibiotic ointment	PCS	100		
42	Burn cream/ointment	PCS	70		
43	Cotton wool, 500 g	Package	20		
44	hemoglobin rapid test strips	Bottle	7		
45	Elastic/crepe bandage 7.5 cm	PCS	80		
46	Povidone iodine 10% 500 ml	Bottle	30		
47	Chlorhexidine solution 4%, 500 ml	Bottle	30		
48	Normal saline 0.9%, 500 ml	Bottle	70		
49	Non-adherent wound dressing	Package	100		
	Total Cost				
فقط					

➢ **Company Name** ➢ **اسم الشركة**	
➢ **Company Address** ➢ **عنوان الشركة**	
➢ **Authorized Person Name** ➢ **اسم المفوَّض**	
➢ **Position / Title** ➢ **الوظيفة**	
➢ **Phone Number** ➢ **رقم الهاتف**	
➢ **Email** ➢ **البريد الإلكتروني**	
➢ **Signature** ➢ **التوقيع**	
➢ ➢ **Stamp** ➢ **الختم**	